



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS

POLICY/PROCEDURE/FORM COMMENT

I, _____ have reviewed policy, procedure, and/or form
_____, on the following date(s) _____
and my comments or questions follow:

Employee Signature

Date

Supervisor Signature

Date

PLEASE RETURN THIS FORM TO THE YCC ADMINISTRATIVE SUPPORT, for forwarding to the Youth Community Corrections Bureau Chief or designee.
